



14TH INTERNATIONAL CONFERENCE OF NURSING RESEARCH  
TRANSLATIONAL NURSING KNOWLEDGE: A FORCE FOR CHANGE IN CLINICAL PRACTICE!  
LISBON, 10<sup>th</sup> - 12<sup>th</sup> MAY 2017- FUNDAÇÃO CALOUSTE GULBENKIAN

**Parceria de cuidados em pediatria: onde estamos e onde  
deveríamos estar?**

**Pediatric partnership care: where are we and where should we be?**



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**We are on a good way but we are not there yet.**

*What is missing for an effective partnership care?*





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## Conceptual framework

The concept of Family Centre Care (FCC) is internationally recognized as an ideal way of caring for hospitalized children however, research suggests health professionals experience difficulties integrating FCC principles into daily practice (Trajkovski et al, 2016).

The need to develop respectful partnerships between health professionals and parents of infants is a fundamental principle of FCC. (Trajkovski et al, 2016).

Although the partnership care importance is now accepted and widely recognized (Moretz & Abraham, 2012), in reality there is still a variability in the way partnership care is developed in the pediatric contexts (Granjard-Goy, 2015).



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## INTRODUCTION:

### **Research question:**

What is the nature of the used partnership care in the pediatric context?

### **Objectives:**

Analyze the partnership care nature in the pediatric context;

Recognize, in context, as nurses' practices and skills was articulated on interactions with parents, with the purpose contributing to the reconstruction of the effective partnership care.



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METHOD:

A qualitative study was implemented using Grounded Theory;

The study was based on the symbolic interaction perspective;

Semistructured interviews were held with nurses (N=12) and mothers/fathers who stayed in the hospital with their hospitalized children (N=18);

It was also chosen the participant observation as data collection technique;

The number of participants was defined according to data saturation;

The data was analyzed using the NVivo8 program;

The ethical principles required in research with human beings have been ensured.



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## OUTCOMES/DISCUSSION:

Partnership was generally described in a positive way by the participants who identified a better quality care (comparing with the quality triad Donabedian model, it converged to achieve gains in the structure, process and results), which will lead to obtain child, family and nurses health gains.

**Structure:**

Increased resources;  
Better accessibility to data.

**Process:**

Safety (child, parents and nurses);  
Mediation of process by parents\*

**Outcomes:**

Child faster recovery ;  
Parents feeling of usefulness.

\*This partnership gives them a responsibility, which is complementary to the nurse's one



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## OUTCOMES/DISCUSSION:

But, some contrasts were noted:

It was identified a dichotomy between the conception and the nurse's practical development;

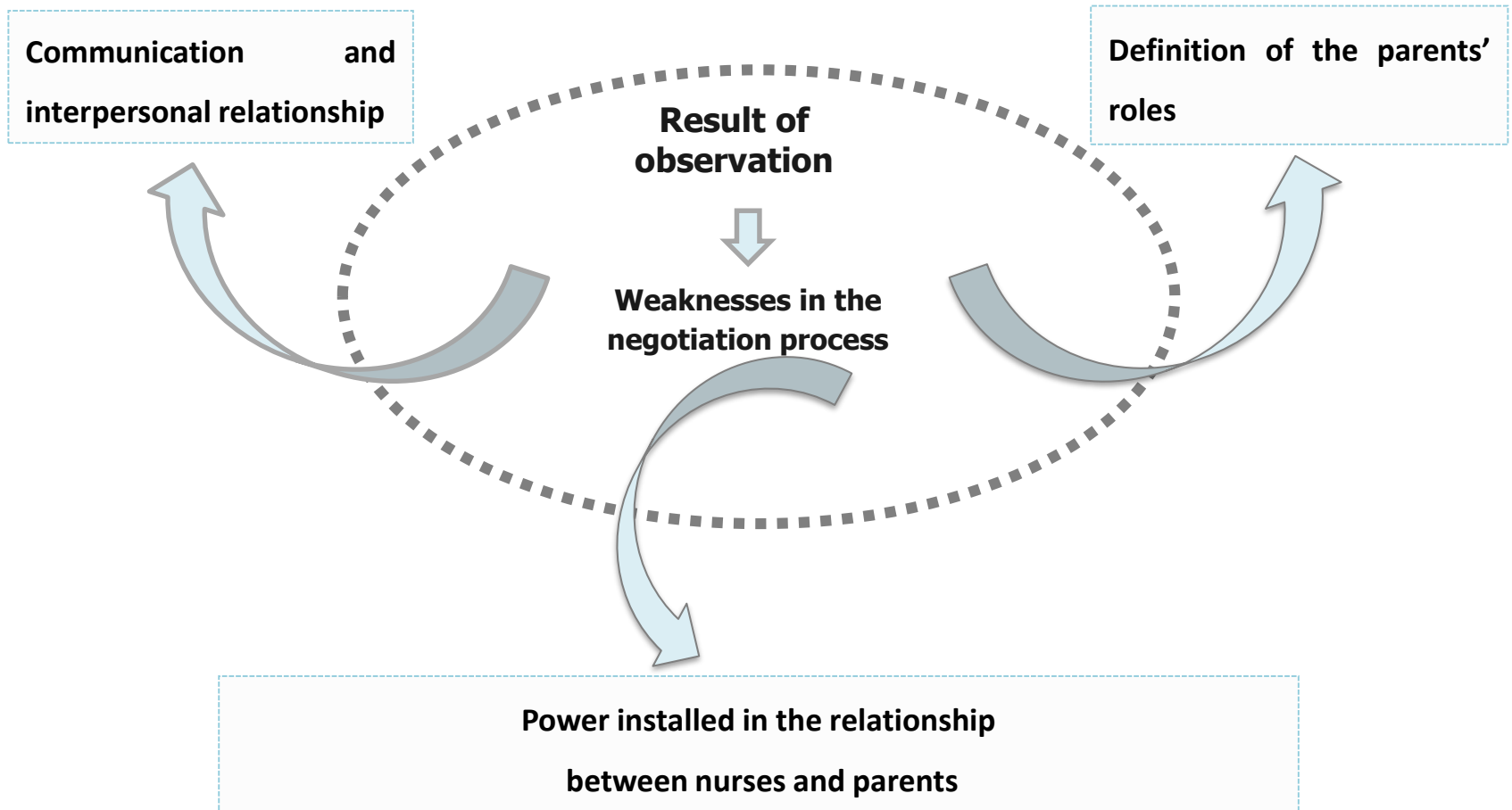
Principles, assumptions and partnership care' conceptions were described by the participants, but in certain contexts, that knowledge was not explicit on the interaction with the parents.

Nurses thinking process haven't always followed the actions shared with the family.



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OUTCOMES/DISCUSSION:







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OUTCOMES /DISCUSSION:

*Literature review*

It is important that nurses recognize the benefits of effectively involving parents in the care, negotiation and decision-making process regarding the child's care (Santos, Lopes, Sousa, 2016).

*This Study*

This benefits were recognized by the nurses but they are not always part of the practices in daily care.

*Literature review*

What is better for the child is always discussed with the parents, as the ones knowing their child better. The parents become a member of the care team, as a partner (Béranger, 2017).

*This Study*

Parents were recognized as the ones knowing their child better but they were not recognized as partners, making it difficult to develop partnerships on a unit level.



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OUTCOMES /DISCUSSION:

*Literature review*

Communication/information is a legal, deontological, and moral duty for nurses, confirmed by the parents' needs. But the ability to enforce them is a challenge, and there is a gap between the theory and the reality (Béranger, 2017).

*This Study*

This gap was also verified on the study context. The parents and nurses roles have not been clearly explained.

*Literature review*

Partnership implies a relationship and equality among partners, information sharing, negotiation of care and shared responsibility (Coyne, Cowley, 2017).

*This Study*

Communication also emerged as a fragility for the development of the partnership; the negotiation of care and responsibility were not shared; the lack of power balance between the partners was also perceived.



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## CONCLUSIONS:

Although the partnership care is present in the nurses minds, it is not always present in their actions.

The logic of the partnership operationalization is found in the parent's capacitation and in the negotiation.

The attention must be focused on the collective perspective, whose family is integral part.

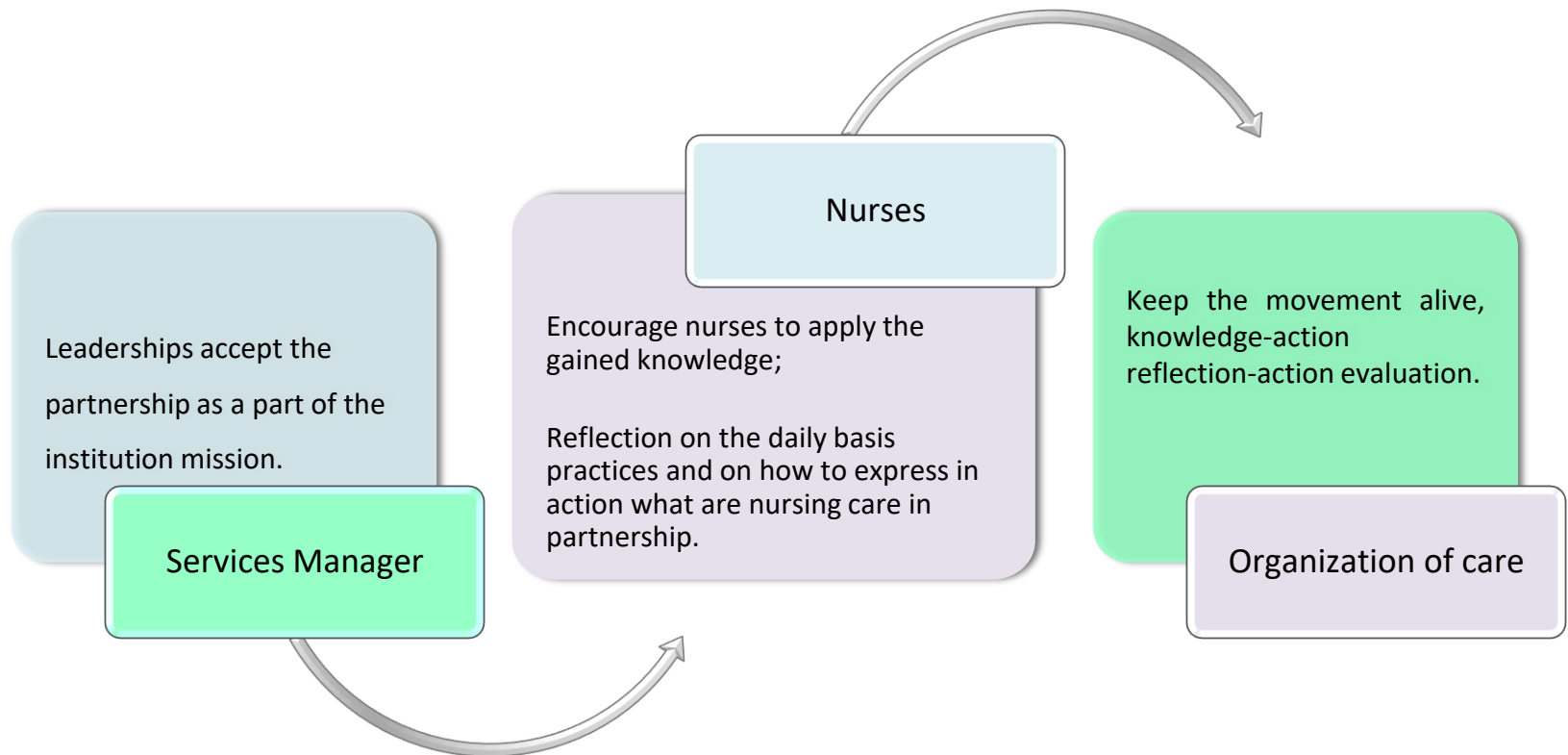
It is not enough to conceptualize the partnership care; it also implies an effective communication with the parents, a clear definition of the partners roles and a power balance in the established relationship.

The partnership care is not fully embedded in the organization's mission, vision or values statements. It is perceived as a "trend" and not as a integral practice to achieve the goals.



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ORIENTATIONS FOR CLINICAL PRACTICE





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